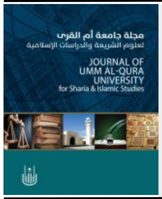


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أثر المعتقدات والممارسات الدينية على قدرة الأفراد على مواجهة جائحة كوفيد –19 في المملكة العربية السعودية

Impact of Religious Beliefs and Religious Practices on Individuals' Ability to Cope up With Covid-19 Pandemic: A Study with Special Reference to Followers of Islam in Saudi Arabia

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الملخص: تناولت الدراسة الحالية تأثير المعتقدات والممارسات الدينية على قدرة الأفراد على التعامل مع التوتر والعزلة الاجتماعية وعدم اليقين وتقديم الدعم الاجتماعي أثناء جائحة كوفيد – في المملكة العربية السعودية 19. اشتملت الدراسة على استبانة مكونة من عينة من 1511 مستجيبًا. وقد تم تحليل العلاقة بين المتغيرات الديموغرافية والمعتقدات والممارسات الدينية للمستجيبين باستخدام جدول الارتباط. وتبين أن الجنس والحالة المدنية يرتبطان ارتباطا إيجابيا بالمعتقدات والممارسات الدينية. في حين أن الجنسية والموقع والوضع الوظيفي والدخل الشهري لم يكن لها تأثير كبير على المعتقدات والممارسات الدينية. وقد كشفت الدراسة عن وجود ارتباط إيجابي بين المعتقدات والممارسات الدينية وقدرة الفرد على التعامل مع الإجهاد والعزلة الاجتماعية وعدم اليقين أثناء جائحة COVID-19. كما ساعدت بعض العوامل الأخرى، مثل استخدام وسائل التواصل الاجتماعي، على التأقلم مع الجائحة.

الكلمات المفتاحية: المعتقدات الدينية ، العزلة الاجتماعية ، الضغط النفسي ، عدم اليقين ، الدعم الاجتماعي ، جائحة كوفيد 19، المملكة العربية السعودية، المسلمون ، التدين.

Abstract:

The current study examined the impact of religious beliefs and practices implemented by Muslims in Saudi Arabia on their ability to cope with stress, social isolation, uncertainty, and providing social support during the COVID-19 pan-demic. The study included a questionnaire with a sample of 1,511 respondents. The relationship of demographic varia-bles and religious beliefs and practices of respondents was analyzed using a correlation table. It was found that gender and civil status positively correlated with religious beliefs and practices. Whereas nationality, location, employment status, and monthly income had no significant impact on religious beliefs and practices. The study revealed a positive association of religious beliefs and practices on an individual's ability to cope with stress, social isolation, and uncertain-ty during the COVID-19 pandemic. Some interventions, such as using social media, helped them cope as well.

Keywords: Religious Beliefs, Religious Practices, Social Isolation, Stress, Uncertainty, Social Support, Covid-19 Pandemic, Saudi Arabia, Muslims, Religiosity.

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1. Introduction:

Religion plays an essential role in coping with difficult situations. Religion provides strength to individuals for coping with stress, emotional disorders such as depression and anxiety. People use their faith to deal with a crisis and get relief during tension and discomfort. [1-6]. Religious beliefs and practices provide the willpower to individuals to face difficult circumstances in life. Religious beliefs and practices can reduce the emotional distress arising from a situation [7]. Most religious practices provide guidelines on living life and how to treat others within a social group. They also help in reducing stress during crises. Religion also discourages habits that cause negative mental health consequences. Most religious practices emphasize compassion, promote human virtues and positive acts that increase positive emotions and enhance social relationships. Religion is generally associated with greater well-being and better mental health. The form of natural disasters causes people to use their faith more intensely. The COVID-19 Pandemic affected many individuals around the globe. The objectives of the present study are to investigate the role of religion (Islam) during the COVID-19 crisis, analyze the relationship of demographic variables and religious beliefs and practices of respondents, explore the impact of religious beliefs and practices implemented by followers of Islam in Saudi Arabia on their ability to cope with stress, social isolation, uncertainty, and providing social support during the COVID-19 pandemic, and to discuss the role played by other interventions during Covid 19 pandemic. The study suggested an inverse relationship between religious beliefs and practices and individual ability to cope with stress, social isolation, and uncertainty. The study's findings highlight the role of religious beliefs and practices on public health in dealing with adverse situations such as the COVID-19 pandemic. Recommendations are included at the end of the research.

1.1 Types of religiosity:

Intrinsic religiosity involves private prayer and one's relation to God, while extrinsic religiosity includes activities such as going to a place of worship for social needs [8]. Pew Research Center [9] reported the highest levels of religiosity (daily prayers, weekly visits to places of worship, and importance given to religion in everyday life) for the Muslim countries of the Middle East and Africa. In the of stressful life situations, religious coping can be helpful, harmful, or neutral, depending on the specific circumstances [10]. Positive religious coping is "generally adaptive, and reflects beliefs about the meaningfulness of life and a reliance on a secure relationship with a God" [1]. For two decades, the Brief RCOPE report has been used to explore religious coping in the context of adverse life events. In a cross-sectional study on Muslim students of Somali origin in USA college, religious coping strategies were associated with depression and anxiety in the anticipated directions [11]. Negative religious coping, is highly associated with indicators of poor functioning such as depression and anxiety [12]. Pirutinsky [13] looked at the levels of COVID-19-related stress among 419 American Orthodox Jews. They found that positive religious coping was associated with lower stress levels. The Brief RCOPE-14 (Positive Coping Subscale) [14] assessed the extent to which religion plays a role in an individual's responses to major life stressors. "The positive subscale of the RCOPE is comprised of the seven items, which reflect a generally secure relationship with the divine that the individual holds sacred" [12]. Conversely, negative religious coping reflects a less secure relationship with God, and feelings of being punished or abandoned by God [10]. A multi-faith study undertaken in the UK found that Muslims expressed the strongest beliefs concerning the religious coping for depression [15]. However, there has been relatively little subsequent research regarding the link between religious coping among Muslims and depression. In a review of the RCOPE literature, only 1.5% of the pooled participants (N = 5835) identified as Muslim [12].

1.2 Significance of Religious Beliefs and Practices:

Religion plays an essential role in reducing the consequences of social distance [16] during a pandemic. According to Koenig [17], social distance from people provided sufficient time to people to execute religious activities such as reading holy scriptures and listening to or watching religious Programs. Religious activity and spiritual interventions are associated with decreased infection rates [18-22] and improved immune functions [23].

1.3 Interventions to cope up with the Covid 19 Pandemic:

Religious interventions such as discourse from religious leaders, spiritual care from health teams, chaplains, and local religious groups during the pandemic minimize the social isolation consequences. [13, 24-26]. Interventions such as social media usage like online meetings, video calls, chat with loved ones helped reduce loneliness and stress [25]. Counseling services provided by Psychiatrists and community institutions functioned as a support

system during the earliest weeks of the pandemic. Religious institutions and religious leaders played a significant role in public health [27,28]. Public health partnerships between health care and religious leaders and proved helpful in health promotions programs to varying degrees of success [29-34].

From the review, it is evident that religion plays a significant role during crises. The present study aims to establish the association between followers of the Islam religion and their ability to cope with the covid 19 pandemic.

2. Methods:

The study is descriptive. Both Primary and secondary data were used for the purpose of the study. Primary data was collected with the help of google forms through a self-designed questionnaire from March 15, 2020, to March 15, 2021. The sample comprised of 1511 respondents who were followers of the Islam religion. The secondary data was collected through journals, online databases, reviews of previous research through open-access digital libraries, research platforms. The reliability of the items in the questionnaire was checked with the help of Cronbach's Alpha. The questionnaire was divided into five sections (Religious beliefs, religious practices, Individual ability to cope with stress, social isolation, uncertainty, and 37 items). Descriptive statistics such as mean and standard deviation were executed on the data set to investigate respondents' religious beliefs and practices. Pearson Correlation Coefficient was determined to measure the relationship between the demographic variables of respondents and the dependent variable. The demographic variables comprised six factors, including gender, civil status, nationality, location, employment status, monthly income. The dependent variables included two factors the religious practices and religious beliefs. Anova and Multiple Linear Regression were executed to examine the association of religious beliefs and practices on individuals' ability to cope with stress, social isolation, and uncertainty during the COVID-19 pandemic. To check whether the model is acceptable or not, the variance inflation factor (VIF) was calculated. To discuss the important role played by other Interventions in managing the Covid 19 pandemic, descriptive statistics such as mean and standard deviation were applied. Interventions studied included: the Ministry of Health's plan, the government's handling of Covid 19, Providing needs through online apps for services, shopping and home delivery, social media, Prescriptions drawn from prophetic medicine and legacy.

3. Results:

3.1 Test of Reliability of the Questionnaire:

Reliability Statistics**:**

- Cronbach's Alpha = .892
- Cronbach's Alpha Based on Standardized Items = .908
- N of Items =37

Interpretation: As the value of Cronbach's Alpha is found to be 0.908, which is more than 0.7, the questionnaire is found to be reliable. More towards 1.00 more reliability score.

3.2 Objective 1*:*

To investigate the religious beliefs and practices of respondents.

«Table 1:Descriptive Statistics.»
Interpretation: Looking at Religious Beliefs, "relationship with Allah the focus of my life" had the most significant impact (mean=4.74), followed by the concept "Religiosity helps an individual cope with a crisis" (mean =4.67), Covid 19 is a test from Allah (mean=4.63). When looking at Religious Practices, People strongly believed that fasting the month of Ramadan helped them the most to cope with covid 19 (mean4.92), followed by I turn to Allah in my prayers in all affairs (mean=4.77), I perform prayers five times regularly (mean=4.67), I strive to honor parents, Kinship and good neighborliness (mean=4.65), I strive to perform Umrah and Hajj according to ability(mean=4.63). I seek to gain religious knowledge whenever I have the opportunity (mean=4.27) to have the most negligible impact.

3.3 Objective 2:

To analyze the relationship between demographic variables and religious beliefs and practices of respondents.

«Table 2: Correlation Matrix.»
Interpretation: The correlation table signifies that gender and civil status have a significant impact on Religious Beliefs and Religious Practices; both are found to be positively correlated with religious beliefs and Practices. Whereas Nationality, Location, Employment Status, and Monthly income were found to have no significant impact on Religious Beliefs and Practices, the significance level was found to be more than 0.05.

3.4 Objective 3:

To examine the association of religious beliefs and practices on individuals' ability to cope with stress, social isolation, and uncertainty during the COVID-19 pandemic.

«Table 3: Model Summary»

«Table 4: ANOVA»

«Table 5; Coefficients»

Interpretation: In table 5, as the value of significance for both religious beliefs and religious practices was found to be 0.000, clearly indicating that religious beliefs and religious practices have a significant impact on individuals' ability to cope with stress, social isolation, and uncertainty during covid pandemic. Thus, accepting the null hypothesis.

Also, in table 5, the value of VIF was found to be 1.613, indicating that there is no multicollinearity in the variables included in the research. The value of VIF should be less than 10. Then the model is acceptable.

3.5 Objective 4:

To discuss the role played by Other Interventions in managing the Covid 19 pandemic.

«Table 6: Descriptive Statistics»

3.6 Interpretation:

Amongst all the other Interventions, The Ministry of Health's plan (mean=4.77) was found to be the best to deal with the epidemic enhanced the ability to cope followed by the government's handling of Covid 19(mean=4.76), than Providing needs through online apps for services, shopping and home delivery (4.65). Also, social media was found to have an impact with mean=4.61). Prescriptions drawn from prophetic medicine and legacy enhanced my ability to cope with the pandemic. Its effects (mean=4.13) were found to have a minor impact on individuals to cope with the epidemic.

4. Discussion:

The relationship of demographic variables and religious beliefs and practices of respondents was analyzed with the help of the Correlation table. It was found that Gender and civil status were positively correlated with religious beliefs and Practices. Whereas Nationality, Location, Employment Status, and Monthly income were found to have no significant impact on Religious Beliefs and Practices. It was found that there is a positive association of religious beliefs and practices on individuals' ability to cope with stress, social isolation, and uncertainty during the COVID 19 pandemic. The value of significance for both religious beliefs and religious practices was found to be 0.000, indicating that religious beliefs and religious practices have a significant impact on individuals' ability to cope with stress, social isolation, and uncertainty during the COVID-19 pandemic. The mean religious coping score for Muslims (18.78) was within the range of the norms (17 to 21) previously reported [12]. Among all the other Interventions, The Ministry of Health's plan (mean=4.77) was the best to deal with the covid 19 pandemic.It was revealed that some other interventions implemented by respondents also helped them to cope up with the pandemic, such as online apps for services, shopping, and home delivery, and social media. Prescriptions drawn from prophetic medicine and legacy were found to have the most negligible effect on individuals coping with the covid 19 pandemic.

5. Recommendations:

To support public health, religious organizations and religious leaders should act as community partners. Religious institutions must support the psychological needs of people by providing social support and promoting feelings of unity. Government and health organizations must take responsibility to provide health education to people in times of pandemics. Future research should examine the effective ways to form partnerships between religious institutions and leaders and public health officials to develop systems to cope with crises.

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Data Availability Statement

The data that support the findings of this study are openly available in

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Tables

Table 1: Descriptive Statistics

	N	Min	Max	Mean	Std. Deviation
RB13	1511	1	5	4.50	.587
RB14	1511	2	5	4.74	.483
RB15	1511	1	5	4.53	.774
RB16	1511	1	5	4.65	.625
RP17	1511	1	5	4.67	.633
RP18	1511	2	5	4.92	.293
RP19	1511	1	5	4.63	.603
RP20	1511	1	5	4.50	.685
RP21	1511	1	5	4.40	.720
RP22	1511	3	5	4.77	.450
RP23	1511	2	5	4.65	.555
RP24	1511	1	5	4.51	.629
RP25	1511	1	5	4.27	.810
Valid N (listwise)	1511				

Table 2: Correlation Matrix.

		Gender	Civil_ Status	Nationality	Location	Employment	Monthly Income	RP	RB
Gender	Pearson Correlation	1	.156**	-.052*	.101**	.075**	-.190**	.143**	.070**
	Sig. (2-tailed)		.000	.042	.000	.003	.000	.000	.006
	N	1511	1511	1511	1511	1511	1511	1511	1511
Civil Status	Pearson Correlation	.156**	1	-.019	.022	-.114**	.122**	.158**	.141**
	Sig. (2-tailed)	.000		.458	.396	.000	.000	.000	.000
	N	1511	1511	1511	1511	1511	1511	1511	1511
Nationality	Pearson Correlation	-.052*	-.019	1	-.056*	.103**	-.141**	.000	-.016
	Sig. (2-tailed)	.042	.458		.029	.000	.000	.987	.542
	N	1511	1511	1511	1511	1511	1511	1511	1511
Location	Pearson Correlation	.101**	.022	-.056*	1	.101**	-.059*	-.016	-.007
	Sig. (2-tailed)	.000	.396	.029		.000	.022	.527	.790
	N	1511	1511	1511	1511	1511	1511	1511	1511
Employ-ment	Pearson Correlation	.075**	-.114**	.103**	.101**	1	-.469**	-.022	-.047
	Sig. (2-tailed)	.003	.000	.000	.000		.000	.392	.069
	N	1511	1511	1511	1511	1511	1511	1511	1511
Monthly Income	Pearson Correlation	-.190**	.122**	-.141**	-.059*	-.469**	1	.030	.023
	Sig. (2-tailed)	.000	.000	.000	.022	.000		.245	.362
	N	1511	1511	1511	1511	1511	1511	1511	1511
RP	Pearson Correlation	.143**	.158**	.000	-.016	-.022	.030	1	.617**
	Sig. (2-tailed)	.000	.000	.987	.527	.392	.245		.000
	N	1511	1511	1511	1511	1511	1511	1511	1511
RB	Pearson Correlation	.070**	.141**	-.016	-.007	-.047	.023	.617**	1
	Sig. (2-tailed)	.006	.000	.542	.790	.069	.362	.000	
	N	1511	1511	1511	1511	1511	1511	1511	1511

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Table 3: Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.468[a]	21.9	21.8	4.85296	1.962

a. Predictors: (Constant), RB, RP

b. Dependent Variable: CwSI

• From table 4, it can be stated that as the value of Durbin Watson is found to be 1.962, specifying that there is no autocorrelation between the independent variables. (The Durbin Watson statistic is a test statistic used in statistics to detect autocorrelation in the residuals from a regression analysis. The Durbin Watson statistic will always assume a value between 0 and 4. A value of DW = 2 indicates that there is no autocorrelation).

• The value of adjusted R square was found to be 21.9, stating that the variables can explain the model only around 22%. So it can be assumed that more variables could be included to increase the value of R square.

Table 4: ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	9960.311	2	4980.155	211.460	.000[a]
	Residual	35515.300	1508	23.551		
	Total	45475.611	1510			

a. Predictors: (Constant), RB, RP
b. Dependent Variable: CwSI
• Interpretation: In Table 5, the value of significance was found to be 0.000, which is less than 0.05 (level of significance). This clearly shows that the model is fit.

Table 5: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	11.825	1.497		7.901	.000		
	RP	.459	.043	.311	10.759	.000	.620	1.613
	RB	.635	.089	.207	7.164	.000	.620	1.613

a. Dependent Variable: CwSI

Table 6: Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
OI37	1511	1	5	4.76	.524
OI38	1511	1	5	4.77	.513
OI39	1511	1	5	4.49	.836
OI40	1511	1	5	4.40	.802
OI41	1511	1	5	4.34	.812
OI42	1511	1	5	4.54	.656
OI43	1511	1	5	4.50	.688
OI44	1511	1	5	4.65	.604
OI45	1511	1	5	4.30	.842
OI46	1511	1	5	4.32	.752
OI47	1511	1	5	4.29	.820
OI48	1511	1	5	4.13	.872
OI49	1511	1	5	4.61	.590
Valid N (listwise)	1511				